## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: COUNTRY HOUSE (THE) (0008982)

Address: 4305 MAPLE CIRCLE SOUTH, PHELPS, WI 54554

**License Status: REGULAR** 

Licensed/Certified/Registered 11/01/2000

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0097343 End Date: 04/20/2006 Type: ABBREVIATED Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091580 End Date: 10/27/2003 Type: STANDARD Purpose: SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10005267 Served 11/24/2003

ciencies Cited Subject Area Subject Area Verified

Deficiencies CitedSubject AreaVerifiedCorrected83.16(1)ADMISSIONS AGREEMENT04/20/2006Yes